

Form 1040

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2003

(99) IRS Use Only—Do not write or staple in this space.

Label

(See instructions on page 19.)

Use the IRS label.

Otherwise, please print or type.

Presidential**Election Campaign**

(See page 19.)

LABEL
HERE

For the year Jan. 1-Dec. 31, 2003, or other tax year beginning

, 2003, ending

, 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 19.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

Important!

You must enter your SSN(s) above.

Filing Status

Check only one box.

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ▶

You Yes No Spouse Yes No

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child. (See page 20.)

Exemptions

If more than five dependents, see page 21.

6a **Youself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b **Spouse**

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 21)

d Total number of exemptions claimed

No. of boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 21)

Dependents on 6c not entered above

Add numbers on lines above ▶

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 23)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13a Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶

b If box on 13a is checked, enter post-May 5 capital gain distributions

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

b Taxable amount (see page 25)

21 Other income. List type and amount (see page 27)

22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶

7

8a

9a

10

11

12

13a

14

15b

16b

17

18

19

20b

21

22

Adjusted Gross Income

23 Educator expenses (see page 29)

24 IRA deduction (see page 29)

25 Student loan interest deduction (see page 31)

26 Tuition and fees deduction (see page 32)

27 Moving expenses. Attach Form 3903

28 One-half of self-employment tax. Attach Schedule SE

29 Self-employed health insurance deduction (see page 33)

30 Self-employed SEP, SIMPLE, and qualified plans

31 Penalty on early withdrawal of savings

32a Alimony paid b Recipient's SSN ▶

33 Add lines 23 through 32a

34 Subtract line 33 from line 22. This is your **adjusted gross income** ▶

23

24

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31

32a

33

34

